**THE SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW
OF THE
ADVISORY BOARD ON RADIATION AND WORKER HEALTH
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**Summary Minutes of the Fifth Meeting
July 17, 2007**

The Fifth Meeting of the Subcommittee for Dose Reconstruction Review (the subcommittee) of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Red Lion Richland Hanford House in Richland, Washington on July 17, 2007. The meeting was called to order by **Mr. Mark Griffon**, the Chairman of the Subcommittee, for the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH), the agency charted with administering the ABRWH. These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the NIOSH/Office of Compensation Analysis and Support (OCAS) web site located at www.cdc.gov/niosh/ocas.

Those present included the following:

Subcommittee Members:

Mr. Mark Griffon, Chair; Mr. Michael Gibson; Dr. John Poston; Mr. Robert Presley (Alternate); Ms. Wanda Munn.

Designated Federal Official: Ms. Chia-Chia Chang (for Dr. Lewis Wade, Executive Secretary).

Federal Agency Attendees:

Department of Health and Human Services:

Mr. Larry Elliott, Mr. Stuart Hinnefeld (NIOSH).

Contractors:

Ms. Kathy Behling (telephonically); Dr. John Mauro, Sanford Cohen & Associates.

Other Participants:

Dr. Paul Ziemer, Chairman of ABRWH.

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Opening Remarks

Mr. Griffon called the meeting to order, announcing the members present and noting **Ms. Chia-Chia Chang**, from the Office of NIOSH Director **Dr. John Howard**, was serving as DFO in that **Dr. Lewis Wade** would not be arriving until later in the day.

Mr. Griffon indicated the two main items on the agenda he wanted to address were the blind reviews and the question of advanced versus basic review. There will also be an update of the cases that have been under individual case reviews, as well as a look at future work.

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Blind Reviews

Mr. Griffon recapped the previous discussions of how the cases for blind review might be selected, how the reviews might be handled, and noted that it might be useful for the subcommittee to decide on an approach and put it into practice, even if it turns out to be a preliminary matter.

He reminded the subcommittee they had previously discussed two approach options. One is for SC&A to be given all the raw data a NIOSH dose reconstructor would receive and to reconstruct the dose using the NIOSH procedures or tools. The other option would be to give the raw data to SC&A, but ask them to do the dose reconstruction using their own best health physics in-house approach without utilizing NIOSH spreadsheets, tools, statistical models, et cetera.

Mr. Griffon suggested it might be useful to do a couple of blind reviews and ask SC&A to do them both ways, each being blind to the other, and then report back to the Board to see if that answers some of the questions the Board is looking at, such as scientific validity, et cetera. **Mr. Griffon** proposed going forward with one individual blind case and assign SC&A to do options one and two and report back.

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Discussion Points:

- Would a single SC&A individual employ both dose reconstruction methods, or would each method have its own reconstructor;
- Cost should also be considered;
- An issue of concern is use of techniques applied in that standard DR

routines used for the purposes of this program may be different from what might be considered best practices in other venues;

- It would be interesting to see if there were differences in the end result using two different methods of approach, but the question would arise whether two individuals would accomplish the same thing;
- Whether NIOSH does blind reviews as a part of their internal quality control system;
- It would have to be clear with SC&A that the best health physics approaches would be consistent with EEOICPA and the regulations under which they're operating;
- It only makes sense to do a blind review with a best estimate case;
- While the NIOSH dose reconstruction procedure makes allowance for them to do blind reviews, none have been done to this point;
- All dose reconstructions are reviewed by someone with more senior qualifications than the basic dose reconstructor qualifications, but that may be different than actually reworking the entire DR from scratch;
- Steps taken are verified;
- The NIOSH understanding of a blind review would be to have two dose reconstructors do the same case without any communication between each other, and see if they arrive at the same bottom line number, within some region of uncertainty;
- The SC&A proposal for the next fiscal year relative to the scope of work for dose reconstruction reviews includes blind DRs and describes in some detail how they would go about doing those, including the cost, and is exactly the way being discussed;
- The two approaches would not be used by the same dose reconstructors.

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Mr. Griffon summarized a motion to be brought back to the full Board might be that the Board task SC&A to conduct two blind reviews, each being done using two different approaches. In one the dose reconstructor would use available NIOSH tools and in the other a dose reconstruction would be done using a "common sense" approach, without use of NIOSH tools but in accordance with the letter and intent of the statutory regulations.

Discussion Points:

- Clarification that the two would be an initial step to see how productive this exercise will be;
- Whether this will be done in the current or upcoming fiscal year's

work;

- Funds are available for the current fiscal year and the work does not have to be completed before its end, but cannot be commenced until the beginning of the new fiscal year if designated in that manner.

A motion was duly made and seconded to task SC&A with the completion of two blind reviews, each using the two defined approaches, with work to be commenced within the current fiscal year.

The motion carried unanimously.

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SC&A raised the question of whether they would accept the information provided by NIOSH or whether they would be expected to go back to DOE and perhaps delve more deeply into the information.

NIOSH clarified that the information provided will go beyond the DOE data. It will include a case file with all the information assembled and developed, the CATI report and any communications with the claimant, et cetera. In the event SC&A at some point feels it has to approach DOE, that must be done through NIOSH.

Mr. Griffon confirmed that his intention is that SC&A will get all the information the dose reconstructor assigned to a case at NIOSH would get, which would include interview materials and communications, as well as the DOE raw data. As to the issue of SC&A approaching DOE, **Mr. Griffon** explained that extends into the upcoming discussion of the advanced versus basic review.

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Basic versus Advanced Reviews

Mr. Griffon provided the subcommittee members with copies of the original parameters for basic and advanced reviews, developed some time earlier. He noted that the first two and a half pages of the document are the original scope. **Mr. Griffon** went on to explain that midway of the third page is a section he had added, entitled "Scope which needs to be covered in future Advanced Reviews," in which he had included some of his thoughts on scope items which have not been done in past reviews. Items B and C, which are repeated on page 4, simply highlighted what **Mr. Griffon** felt were important points in those sections, effectiveness of the phone interview and effort to research co-located workers and other historical records to characterize the

individual's work history.

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Discussion Points:

- The highlighted item regarding effectiveness of the phone interview has been examined by a working group and the subcommittee may want to look back at that review to avoid duplication of efforts;
- A number of things were changed as a result of that earlier working group review, but one outstanding item that was not resolved is in the next category;
- There has not been much effort to research co-located workers and historical records to characterize the individual's work history;
- SC&A had recommended that those efforts should be done to make sure there is a more even playing field between survivor claimants and living employee claimants, and that issue has not been addressed specifically in any dose reconstruction reviews;
- That effort is made by NIOSH if it is felt by the dose reconstructor that it will add to a better understanding in reconstructing the dose;
- In those few situations where that step has been taken, NIOSH has found it adds little or nothing to the dose estimate.

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It was agreed the members of the subcommittee will review the points made in **Mr. Griffon**'s handout and submit proposed language for a formal motion to the Board, perhaps at the next Board meeting.

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Status of Case Review Sets Underway

As a status report **Mr. Griffon** announced the fourth set of cases was involved in the comment resolution process. Some issues had required that NIOSH provide some specific analyses back to SC&A, maybe a handful of cases, so there is ongoing reassessment there.

The fifth set went through the resolution process. There were some issues that SC&A or NIOSH had to further investigate, though they're close to closing out the matrix for that set. The fourth set had more robust cases and might take a little longer to reassess.

The sixth set has a completed SC&A matrix and is in the early stages of

the process. **Mr. Griffon** acknowledged he might be the delay in that case, but that matrix will go to NIOSH next and NIOSH will give their response to SC&A findings and bring back to the subcommittee process.

On the seventh set SC&A is finishing their review and within perhaps three weeks expect to be doing the team phone call meetings, and should expect to hear from SC&A about setting up those conference calls.

The Board just recently selected the cases on the eighth set and NIOSH has to get that information to SC&A, so their work has not started yet. The cases have been selected and the process is underway.

Dr. Paul Ziemer, Chairman of the Advisory Board, joined the discussion to note that the Advisory Board has officially reported to the Secretary on the first three sets of individual case reviews, so in that sense they are closed. However, the Board is cognizant of some items which need to have continued tracking in the future.

Dr. Ziemer suggested it would be important to try to close sets four and five, if possible, in this fiscal year and get those reports to the Secretary.

Drawing attention to the fact that they are now working strictly on two-person teams and that the sets are larger, **Dr. Ziemer** observed individual teams now have a slightly larger workload. He announced he had made the team assignments for the eighth set and would have that information available during the full Board meeting.

Mr. Griffon indicated that he was going to make every effort to have a working subcommittee meeting to go through the matrices prior to the October Board meeting in order to finalize some of the outstanding issues.

Dr. Ziemer also suggested the subcommittee might consider that once the fifth set of cases is completed the Board will have reviewed 100 cases. It might be useful for the subcommittee to look at a rollup of those as an opportunity to develop an overall picture of what key findings are.

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With no further business to come before the subcommittee, an adjournment was taken at 10:55 a.m.

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I hereby confirm that these Summary Minutes are accurate, to the best of my knowledge.

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Mr. Mark Griffon, Subcommittee Chairman